

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Karl Ballagh	<i>Karl Ballagh</i>	Street: 1352 Birchwood Ln City: Hazel Green WI Zip: 53811	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/17/2011 (Month) (Day) (Year)
2. Jane Pickel	<i>Jane Pickel</i>	Street: 3666 Maple St. City: Kiel WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/24/2011 (Month) (Day) (Year)
3. Julie A. Pickel	<i>Julie A. Pickel</i>	Street: 1344 Emerald Tr City: Sun Prairie WI Zip: 53596	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sun Prairie	11/24/2011 (Month) (Day) (Year)
4. John T. Hocking	<i>John T. Hocking</i>	Street: 2222 E/M ST Box 7 City: Kiel WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/29/2011 (Month) (Day) (Year)
5. Ryan Budden	<i>Ryan Budden</i>	Street: 1505 18th Street City: Hazel Green WI Zip: 53811	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/29/2011 (Month) (Day) (Year)
6. Bob Brandt	<i>Bob Brandt</i>	Street: 1395 Frontage Rd City: Hazel Green WI Zip: 53811	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/29/2011 (Month) (Day) (Year)
7. KENNETH J. PICKEL	<i>Kenneth J. Pickel</i>	Street: 3563 Cedar Ct City: Kiel WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	12/5/2011 (Month) (Day) (Year)
8. Jessica Pickel	<i>Jessica Pickel</i>	Street: 3666 Maple St City: Kiel WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	12/5/2011 (Month) (Day) (Year)
9. Andrew Richard	<i>Andy Richard</i>	Street: 745 Union St City: Platteville WI Zip: 53818	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Platteville	12/5/2011 (Month) (Day) (Year)
10. Blake J. Pickel	<i>Blake J. Pickel</i>	Street: 1245 21st St. City: Hazel Green, WI Zip: 53811	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	1/12/2012 (Month) (Day) (Year)

Certification of Circulator

I, Joseph Bass, (certify): I reside at 4280 County Rd D Smelser
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Joseph Bass
(Signature of Circulator)

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1. William Stuessel	<i>William Stuessel</i>	Street: 298 LeRoy Ln City: River Falls Zip: 54022	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City River Falls	11/21/2011 (Month) (Day) (Year)	Email: wstuessel Phone: (715) 7
2. Alyssa Matzek	<i>Alyssa Matzek</i>	Street: 1380 134th Ave. City: New Richmond Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	11/21/2011 (Month) (Day) (Year)	Email: alyssa.mat Phone: (507) 2
3. JONALEE BUCKEL	<i>Jonalee Buckel</i>	Street: 960 Marjorie Street City: Hammond WI Zip: 54015	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hammond	11/22/2011 (Month) (Day) (Year)	Email: cbuckera Phone: (715) 7
4. Chance Langeness	<i>Chance Langeness</i>	Street: 1315 Meadowlark Ln. City: New Richmond Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	11/22/2011 (Month) (Day) (Year)	Email: chance.l Phone: (715) 2
5. Jane Becker	<i>Jane Becker</i>	Street: 1255 2nd St City: Hammond WI Zip: 54015	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hammond	11/22/2011 (Month) (Day) (Year)	Email: janemb Phone: (715) 2
6. Aimee Bohatta	<i>Aimee Bohatta</i>	Street: 673 Norton St. City: Hammond Zip: 54015	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hammond	11/22/2011 (Month) (Day) (Year)	Email: bohatta Phone: (715) 3
7. Katina Johnson	<i>Katina Johnson</i>	Street: 440 Hazel Court #2 City: Hudson, WI Zip: 54016	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hudson	11/22/2011 (Month) (Day) (Year)	Email: kbjohns Phone: (715) 8
8. Gary A. Larson	<i>Gary A. Larson</i>	Street: 991 166th St City: Hammond WI Zip: 54015	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hammond	11/22/2011 (Month) (Day) (Year)	Email: gary86 Phone: (715) 2
9. Carol M Larson	<i>Carol Larson</i>	Street: 991 166th St City: Hammond, WI Zip: 54015	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hammond	11/22/2011 (Month) (Day) (Year)	Email: gary8 Phone: (715) 7
10. Jessica Langeness	<i>Jessica Langeness</i>	Street: 1315 Meadowlark Lane City: New Richmond WI Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	11/22/2011 (Month) (Day) (Year)	Email: jessicalan Phone: (715) 2

Certification of Circulator

I, Kathleen Brossmer, (certify): I reside at 1899 City Rd CC New Richmond 54017
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Kathleen Brossmer
(Signature of Circulator)

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CONTACT

Email: wstuessel
Phone: (715) 7

Email: alyssa.mat
Phone: (507) 2

Email: cbuckera
Phone: (715) 7

Email: chance.l
Phone: (715) 2

Email: janemb
Phone: (715) 2

Email: bohatta
Phone: (715) 3

Email: kbjohns
Phone: (715) 8

Email: gary86
Phone: (715) 2

Email: gary8
Phone: (715) 7

Email: jessicalan
Phone: (715) 2

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to

Committee
PO Box 1000
Madison, WI 53702

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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1. ALFRED S. HANSON	<i>Alfred S. Hanson</i>	Street: W21361 St. Rd - 95 City: Arcadia, Wis. Zip: 54612	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arcadia	11/17/2011 (Month) (Day) (Year)	Email Phone (608) 372
2. MARTHA B HALAMA	<i>Martha B Halama</i>	Street: N40858 State Rd 93 City: Independence Zip: 54747	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HALE	11/17/2011 (Month) (Day) (Year)	Email Phone (715) 9
3. William J Leonard	<i>William J Leonard</i>	Street: W13351 Angus Rd City: Osseo Zip: 54758	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HALE	11/18/2011 (Month) (Day) (Year)	Email Phone (715) 9
4. KENNETH A EAGER	<i>Kenneth A Eager</i>	Street: W17334 Helgeson Rd. City: Osseo WI Zip: 54758	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HALE	11/18/2011 (Month) (Day) (Year)	Email Phone (715) 6
5. ROSE FULLMER	<i>Rose Fullmer</i>	Street: W18846 Lund Rd City: Strum Wis Zip: 54770	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	11/19/2011 (Month) (Day) (Year)	Email Phone (715) 6
6. ALAN L. FULLMER	<i>Alan L Fullmer</i>	Street: W18846 Lund Rd City: Strum WI Zip: 54770	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	11/18/2011 (Month) (Day) (Year)	Email Phone (715) 6
7. JUNE NELSON	<i>June Nelson</i>	Street: 2443 Peables St City: Eau Claire Zip: 54603	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	2/21/2011 (Month) (Day) (Year)	Email Phone (715) 8
8. MARIANNE NEIDERMYER	<i>Marianne Neidermyer</i>	Street: 825 Hopwood Ave. City: Menomonie WI Zip: 54751	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City of Menomonie	11/20/2011 (Month) (Day) (Year)	Email Phone (715) 2
9. JAMES SULLIVAN	<i>James Sullivan</i>	Street: 504 Perry St City: Eau Claire WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	11/20/2011 (Month) (Day) (Year)	Email Phone (715) 9
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, NOKMAN FROSETH (Name of Circulator) (certify): I reside at N 41456 Co. Rd E WHITEHALL (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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Circulators, please

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1. David Praschak	<i>[Signature]</i>	Street: 1941 Sicard Ln City: Somerset, WI Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Star Prairie	12/5/2011 (Month) (Day) (Year)	Email Phone ()
2. Debora Cardell	<i>[Signature]</i>	Street: 2231 Donegal Ct City: Hudson WI Zip: 54016	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hudson	12/5/2011 (Month) (Day) (Year)	Email Phone ()
3. Albert Passaro	<i>[Signature]</i>	Street: 744 72nd St City: Somerset WI Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somerset	12/17/2011 (Month) (Day) (Year)	Email Phone ()
4. Tyler Baillargeon	<i>[Signature]</i>	Street: 2045 Hwy 35 City: Somerset WI Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somerset	1/20 (Month) (Day) (Year)	Email Phone ()
5. Sharon Kroll	<i>[Signature]</i>	Street: 736 72nd St. City: Somerset WI Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somerset	1/4/2012 (Month) (Day) (Year)	Email Phone ()
6. Michael Kroll	<i>[Signature]</i>	Street: 736 72nd St City: Somerset WI Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somerset	1/4/2012 (Month) (Day) (Year)	Email Phone ()
7. Cal Wilson	<i>[Signature]</i>	Street: 1960 60th Ave. City: Osceola, WI Zip: 54022	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Osceola	1/6/2012 (Month) (Day) (Year)	Email Phone ()
8. Hanna Newman	<i>[Signature]</i>	Street: 1936 104th St City: New Richmond WI Zip: WI 54017	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Star Prairie	1/6/2012 (Month) (Day) (Year)	Email Phone ()
9. Richard Baillargeon	<i>[Signature]</i>	Street: 738 - 72nd St City: Somerset WI Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somerset	1/8/2012 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Caran L. Baillargeon, (certify): I reside at 738 72nd St. Somerset Township
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan / 9 / 2012
(Month) (Day) (Year)

C. L. Baillargeon
(Signature of Circulator)

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Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Joan Belken	<i>Joan Belken</i>	Street: 213 S. Lincoln St City: Cuba City WI Zip: 53807	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cuba City	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. Jason Lee Johnson	<i>Jason Johnson</i>	Street: 630 Keep St City: Darlington Zip: 53530	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Darlington	11/16/2011 (Month) (Day) (Year)	Email gumpho Phone (608) 7
3. Barb Temperly	<i>Barb Temperly</i>	Street: 1110 Fairplay St. City: Hazel Green WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. RONALD RUNDE	<i>Ronald Rende</i>	Street: 1915 OAK ST Box 86 City: HAZEL GREEN WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. Pat Rende	<i>Pat Rende</i>	Street: 1915 OAK ST Box 86 City: Hazel Green WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/16/2011 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
7. Jane Borcharding	<i>Jane Borcharding</i>	Street: 2015 Oak Street City: Hazel Green WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/16/2011 (Month) (Day) (Year)	Email Phone ()
8. Kent Borcharding	<i>Kent Borcharding</i>	Street: 2015 OAK ST City: Hazel Green WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/16/2011 (Month) (Day) (Year)	Email Phone ()
9. Connie Harry	<i>Connie Harry</i>	Street: 3826 O'Hara St City: Platteville WI Zip: 53818	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Smelser	11/16/2011 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

I, Joseph Bass, (certify): I reside at 4280 County Add Smelser
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year) (Signature of Circulator)

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Circulators, please

Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. PAT Fleege	<i>Pat Fleege</i>	Street: 1404 Fairplay Rd City: Cuba City WI Zip: 53807	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City JAMESTOWN	11/16/2011 (Month) (Day) (Year)
2. DeeDee Smith	<i>DeeDee Smith</i>	Street: 970 York Rd City: Hazel Green WI Zip: 53811	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/16/2011 (Month) (Day) (Year)
3. Jason Mootz	<i>Jason Mootz</i>	Street: 511 N Jackson St City: Cuba City, WI Zip: 53807	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cuba City	11/16/2011 (Month) (Day) (Year)
4. GREGORY KERN	<i>Gregory Kern</i>	Street: 412 W. Dewey St City: CUBA City Zip: 53807	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CUBA City	11/16/2011 (Month) (Day) (Year)
5. Emily Lange	<i>Emily Lange</i>	Street: 383 Arbor St City: Benton Zip: 53803	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Benton	11/16/2011 (Month) (Day) (Year)
6. RYAN KERN	<i>Ryan Kern</i>	Street: 412 W. Dewey St. City: Cuba City, WI Zip: 53807	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cuba City	11/16/2011 (Month) (Day) (Year)
7. Kate Kern	<i>Kate Kern</i>	Street: 412 W Dewey City: Cuba City WI Zip: 53807	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cuba City	11/16/2011 (Month) (Day) (Year)
8. Kyle Kern	<i>Kyle Kern</i>	Street: 412 W. Dewey St. City: Cuba City, WI Zip: 53807	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cuba City	11/16/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

CONTACT
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Certification of Circulator

I, Joseph Bass, (certify): I reside at 4280 County Rd D Smelser
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/13/2012 *[Signature]*
(Month) (Day) (Year) (Signature of Circulator)

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Circulators, please

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1. Mark D. Peper	<i>Mark D Peper</i>	Street: 1262 200 th AV City: New Richmond WI Zip: 54017	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STAR PRAIRIE	12/16/2011 (Month) (Day) (Year)	Email Phone () ()
2. Erin Baillargeon	<i>Erin Baillargeon</i>	Street: 307 E Hughes St City: New Richmond WI Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	12/17/2011 (Month) (Day) (Year)	Email Phone () ()
3. Bruce Baillargeon	<i>Bruce Baillargeon</i>	Street: 307 E HUGHES AVE City: NR WI Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	12/17/2011 (Month) (Day) (Year)	Email Phone 1 () ()
4. Israel Neumann	<i>Israel Neumann</i>	Street: 339 W 1 st St City: New Richmond WI Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	12/27/2011 (Month) (Day) (Year)	Email Phone () ()
5. Deena Neumann	<i>Deena Neumann</i>	Street: 339 West 1st St. City: New Richmond WI Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	12/28/2011 (Month) (Day) (Year)	Email Phone () ()
6. Joraly Letsz	<i>Joraly Letsz</i>	Street: 339 W 1st Street City: New Richmond WI Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	12/28/2011 (Month) (Day) (Year)	Email Phone () ()
7. Robin Zauft	<i>Robin Zauft</i>	Street: 875 29th St. City: Clayton, WI Zip: 54004	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Clayton	12/28/2011 (Month) (Day) (Year)	Email Phone () ()
8. Gary Zauft	<i>Gary R Zauft</i>	Street: 875 29th St. City: Clayton, WI Zip: 54004	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Clayton	12/28/2011 (Month) (Day) (Year)	Email Phone () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Deena Neumann, (certify): I reside at 339 West 1st Street City of New Richmond
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

Deena Neumann
(Signature of Circulator)

Page No. (Official Use Only)

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Common
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Madison

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Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Debbie J. Stevens	<i>Debbie J. Stevens</i>	Street: 3070 County Rd. E City: Glenwood City Zip: 54013	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springfield	1/8/2012 (Month) (Day) (Year)	Email Phone (715) 2
2. Gary Stevens	<i>Gary Stevens</i>	Street: 3070 Cty Rd E City: Glenwood City WI Zip: 54013	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springfield	1/8/2012 (Month) (Day) (Year)	Email Phone (715)
3. Heather J. Clark	<i>Heather J. Clark</i>	Street: 2302 Hwy 46 City: Deerpark, WI Zip: 54007	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Clyau	1/8/2012 (Month) (Day) (Year)	Email Phone (612) 7
4. Donna J. Warner	<i>Donna Warner</i>	Street: 1675 280th St. City: Glenwood City Zip: 54013	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Glenwood	1/8/2012 (Month) (Day) (Year)	Email Phone (715) 2
5. Donald H Warner	<i>Donald H Warner</i>	Street: 2841 170th Ave City: Glenwood City Zip: 54013	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Glenwood	1/8/2012 (Month) (Day) (Year)	Email Phone (715) 2
6. Connie Warner	<i>Connie Warner</i>	Street: 2841 170th Ave City: Glenwood City Zip: 54013	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Glenwood	1/8/2012 (Month) (Day) (Year)	Email Phone (715) 2
7. Cindy Warner	<i>Cindy Warner</i>	Street: 1662 280th St City: Glenwood City, WI Zip: 54013	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Glenwood	1/8/2012 (Month) (Day) (Year)	Email Phone (715)
8. Michael Warner	<i>Michael A Warner</i>	Street: 1662 280th St City: Glenwood City WI Zip: 54013	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Glenwood	1/8/2012 (Month) (Day) (Year)	Email Phone (715)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Debbie Stevens, (certify): I reside at 3070 County Rd. E Glenwood City
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/9/2012
(Month) (Day) (Year)

Debbie J. Stevens
(Signature of Circulator)

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Circulators, please

Phone (715) 2

Email dastewer

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. HELEN SHELLENBERGER	<i>Helen Shellenberger</i>	Street: 2035 McLean St #4 City: Hazel Green WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/17/2011 (Month) (Day) (Year)
2. PAUL SHELLENBERGER	<i>Paul Shellenberger</i>	Street: 2035 McLean St #4 City: Hazel Green WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/17/2011 (Month) (Day) (Year)
3. RALPH ESSLIG	<i>Ralph Essling</i>	Street: 1745 St Box 33 City: Hazel Green WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/18/2011 (Month) (Day) (Year)
4. JAMES COPPES	<i>James Coppes</i>	Street: 226 2nd Ave City: Benton WI Zip: 53803	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green Benton	11/18/2011 (Month) (Day) (Year)
5. WALTER WUBBIE	<i>Walt Wubbie</i>	Street: 1705 18th St City: Hazel Green WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/18/2011 (Month) (Day) (Year)
6. LYNN LAWRENCE	<i>Lynn Lawrence</i>	Street: Hazel Green 53811 City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/18/2011 (Month) (Day) (Year)
7. Jae Approck	<i>Jae Approck</i>	Street: P.O. Box 59 City: Hazel Green, WI Zip: 53811	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/18/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

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I, Joseph Bass, (certify): I reside at 4280 County Rd D Smelser
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 13 / 2012 *[Signature]*
(Month) (Day) (Year) (Signature of Circulator)

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Circulators, please
Phone ()
Email



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Nancy Berning	Nancy Berning	Street: 1710 Main City: Hazel Green Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Hazel Green <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)	Email Phone ()
2. CAROL Helbing	Carol Helbing	Street: 1420-23rd St City: HAZEL Green Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Hazel Green <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)	Email Phone ()
3. JAMES Egan	James Egan	Street: 961 WHISPERING LAKE City: HAZEL green Zip: 53811	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City JAMESTOWN	11/22/2011 (Month) (Day) (Year)	Email Phone ()
4. Catherine Rice	Catherine Rice	Street: 56327 State Rd 154 City: Hill Point, WI Zip: 53937	<input type="checkbox"/> Town <input type="checkbox"/> Village Hill Point <input checked="" type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)	Email Phone ()
5. Daniel L. Nahrung	Daniel L. Nahrung	Street: 895 Prairie Ave City: PLatteville, WI Zip: 53818	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Smelser	11/24/2011 (Month) (Day) (Year)	Email Phone ()
6. Sarah L. Harry	Sarah L. Harry	Street: 895 Prairie Rd City: Platteville, WI Zip: 53818	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Smelser	11/24/2011 (Month) (Day) (Year)	Email Phone ()
7. Matt Minor	Matt Minor	Street: 56327 State Rd 154 City: Hill Point Zip: 53937	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	11/24/2011 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Joseph Bass, (certify): I reside at 4280 County Rd D Smelser
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

000211

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Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Holly Germain	<i>Holly Germain</i>	Street: 2026 County Rd C City: Somerset Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Star Prairie	11 / 24 / 2011 (Month) (Day) (Year)	Email: hgerma033 Phone: (715) 332-1111
2. TED GERMAIN	<i>Ted Germain</i>	Street: 2024 CTY RD C City: SOMERSET Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STAR PRAIRIE	11 / 24 / 2011 (Month) (Day) (Year)	Email: theprintm Phone: (715) 211-1111
3. Pauline Germain	<i>Pauline Germain</i>	Street: 417 Raymond St City: Somerset WI Zip: 54025	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Somerset	11 / 29 / 2011 (Month) (Day) (Year)	Email: _____ Phone: (715) 211-1111
4. HOWARD SWANMAN	<i>Howard Swann</i>	Street: 1602 Cty Rd I City: Somerset, WI Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somerset	11 / 24 / 2011 (Month) (Day) (Year)	Email: _____ Phone: (715) 211-1111
5. Preston Germain	<i>Preston Germain</i>	Street: 2034 Cty Rd C City: Somerset Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Star Prairie	11 / 24 / 2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
6. Paul Germain	<i>Paul Germain</i>	Street: 2034 County Rd C City: Somerset Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Star Prairie	11 / 24 / 2011 (Month) (Day) (Year)	Email: _____ Phone: (715) 332-1111
7. Felicia Germain	<i>Felicia Germain</i>	Street: 2034 Cty Rd C City: Somerset WI Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Star Prairie	11 / 24 / 2011 (Month) (Day) (Year)	Email: _____ Phone: (715) 211-1111
8.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email: _____ Phone: () () ()
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email: _____ Phone: () () ()
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email: _____ Phone: () () ()

Certification of Circulator

I, Kathleen Brakke, (certify): I reside at 532 Valley View Dr. Somerset Town of St. Joseph
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Kathleen Brakke
(Signature of Circulator)

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000212

Circulators, please
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. JOHN DOUGHERTY	<i>John Dougherty</i>	Street: 501 SPRUCE DR City: HUDSON, WI Zip: 54016	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City HUDSON, WI	7/11/2012 (Month) (Day) (Year)	Email Phone ()
2. Cheryl K Westad	<i>Cheryl K Westad</i>	Street: 619 Oakwood Ct City: Hudson Zip: 54016	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hudson	1/11/2012 (Month) (Day) (Year)	Email Phone ()
3. Duane Knuth	<i>Duane Knuth</i>	Street: 527 4th ST. City: Hudson Zip: 54016	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hudson	1/11/2012 (Month) (Day) (Year)	Email Phone ()
4. Anita Justen	<i>Anita Justen</i>	Street: 2826 80th Ave. City: Woodville, WI Zip: 54028	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springfield	1/11/2012 (Month) (Day) (Year)	Email Phone ()
5. Alan Justen	<i>Alan Justen</i>	Street: 2826 80th Ave City: Woodville, WI Zip: 54028	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springfield	1/11/2012 (Month) (Day) (Year)	Email Phone ()
6. Gerald Hilleshiem	<i>Gerald Hilleshiem</i>	Street: 2225 122nd St City: New Richmond Zip: 54017	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Star Prairie	1/12/2012 (Month) (Day) (Year)	Email Phone ()
7. Irene Hilleshiem	<i>Irene Hilleshiem</i>	Street: 2225 122nd St City: New Richmond Zip: 54017	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Star Prairie	1/12/2012 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Catherine Leaf, (certify): I reside at 1016 Willow River Rd N Village of North Hudson
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Catherine Leaf
(Signature of Circulator)

Page 1 of 1 (Official Use Only)
000213

Circulators, please
Phone ()
Email



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brigitte Hungerbuhler	Brigitte Hungerbuhler	Street: 710 Meadow View Drive City: Shell Lake Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shell Lake	11/2/2011 (Month) (Day) (Year)
2. Tracy Gilbertson	Lucy Guttler	Street: 141 Linden Ln #1 City: Thiensville Zip: 53092	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Thiensville	11/20/2011 (Month) (Day) (Year)
3. Jessica Johnson	Jessie Johnson	Street: 2409 Prais St. City: Stevens Point Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point	11/25/2011 (Month) (Day) (Year)
4. Dawn Wolff	Dawn m. Wolff	Street: W18971 Lull Ave City: Eland, WI Zip: 54427	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Eland	11/25/2011 (Month) (Day) (Year)
5. Karen Quam	Karen Quam	Street: 520 W. Lake Dr City: Shell Lake Zip: 54871	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shell Lake	11/28/2011 (Month) (Day) (Year)
6. Mike Grimes	Mike Grimes	Street: W7149 Green Valley Rd. City: Spooner Zip: 54801	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Beaverbrook	12/9/2011 (Month) (Day) (Year)
7. Rose Garber	Rose Garber	Street: 2088 Hilltop Rd City: Shell Lake Zip: 54871	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dewey	12/10/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
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Certification of Circulator

I, Brigitte Hungerbuhler, (certify): I reside at 710 Meadow View Dr. Shell Lake
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 18 / 2011
(Month) (Day) (Year)

Brigitte Hungerbuhler
(Signature of Circulator)

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Circulators, please
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. AMY WINTER	<i>Amy M. Winter</i>	Street: 226 GREGORY PLACE City: SHEBOYGAN FALLS Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11 / 18 / 2011 (Month) (Day) (Year)	Email: amy. Phone: (920) 20
2. Andrew Buffington	<i>Andy Buffington</i>	Street: 1016 S Washington Dr City: Howards Grove Zip: 53083	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11 / 18 / 2011 (Month) (Day) (Year)	Email: andy.b Phone: (920) 88
3. Cheryl Winter	<i>Cheryl Winter</i>	Street: 226 Gregory Pl City: Sheboygan Falls Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11 / 18 / 2011 (Month) (Day) (Year)	Email: clw29@ Phone: (920) 4
4. Logan Vander Wrst	<i>Logan Vander Wrst</i>	Street: 422 St Clair Ave City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11 / 18 / 2011 (Month) (Day) (Year)	Email: logan.vander Phone: (920) 20
5. Ruth Sagunsky	<i>Ruth Sagunsky</i>	Street: 230 Gregory Pl City: Sheboygan Falls Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11 / 23 / 2011 (Month) (Day) (Year)	Email: Phone: ()
6. EUGENE SAGUNSKY	<i>Eugene Sagunsky</i>	Street: 230 Gregory Pl. 53085 City: Sheboygan Falls Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11 / 23 / 2011 (Month) (Day) (Year)	Email: Phone: ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, Amy M. Winter, (certify): I reside at 226 Gregory Place Sheboygan Falls
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 07 / 2012
(Month) (Day) (Year)

Amy M. Winter
(Signature of Circulator)

Page No. (Official Use Only)
000215

Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Jeffrey LARSON	<i>Jeffrey Larson</i>	Street: W11490 EIMON Rd City: OSSO WI Zip: 54758	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	11/16/2011 (Month) (Day) (Year)	Email Phone (715) 5
2. Matt Pronschinske	<i>Matt Pronschinske</i>	Street: 2390 Ridgeway Dr. #303 City: Eau Claire WI Zip: 5470	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	11/16/2011 (Month) (Day) (Year)	Email Phone (715) 5
3. Charles Walek	<i>Charles Walek</i>	Street: N34947 Jelen Lane City: Independence Zip: 54747	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burnside	11/16/2011 (Month) (Day) (Year)	Email Phone (715)
4. Patricia Helgeson	<i>Patricia Helgeson</i>	Street: 35878 Chestnut St City: Independence Zip: 54747	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Independence	11/16/2011 (Month) (Day) (Year)	Email Phone (715)
5. Miles Helgeson	<i>Miles Helgeson</i>	Street: 35878 Chestnut St City: Independence Zip: 54747	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Independence	11/17/2011 (Month) (Day) (Year)	Email Phone (715)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Mark R. Helgeson, (certify): I reside at 35878 Chestnut St Independence
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 120 12
(Month) (Day) (Year)

Mark R. Helgeson
(Signature of Circulator)

000216

(Official Use Only)

Circulators,
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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1. Joyce Gaffney	Joyce Gaffney	Street: 2401 Fairway Dr. City: Kaukauna Zip: 54130	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	11/21/2011 (Month) (Day) (Year)	Email Phone ()
2. LOUISE DAMRO	Louise Damro	Street: 112 W. 15th St. City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	11/24/2011 (Month) (Day) (Year)	Email Phone ()
3. CAITLIN GAFFNEY	Caitlin Gaffney	Street: 133 Capitol View Ter. Apt. 2 City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/24/2011 (Month) (Day) (Year)	Email Phone ()
4. TIM J. GAFFNEY	Tim J. Gaffney	Street: 2401 Fairway Dr. City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	11/27/2011 (Month) (Day) (Year)	Email Phone ()
5. Karla A. Grunler	Karla A. Grunler	Street: 63771 Highview Dr City: Appleton Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Center	11/30/2011 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Joyce Gaffney, (certify): I reside at 2401 Fairway Dr. Kaukauna
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 09 / 2012
(Month) (Day) (Year)

Joyce Gaffney
(Signature of Circulator)

Page No. 000217
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Circulators, please include
Phone (920)
Email tjga

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PO Box
Madison

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Jenny L Brosius	<i>Jenny L Brosius</i>	Street: 3665 Hickory Ct. City: Kiel, WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kiel	12/23/2011 (Month) (Day) (Year)	Email Phone (608) 508-5000
2. John C Brosius	<i>John C Brosius</i>	Street: 3665 Hickory City: Kiel, WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kiel	12/23/2011 (Month) (Day) (Year)	Email Phone (608) 508-5000
3. Geraldine Timmerman	<i>Geraldine Timmerman</i>	Street: 530 West Main City: Hickoryville, WI Zip: 53808	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hickoryville	12/31/2011 (Month) (Day) (Year)	Email Phone (608) 508-5000
4. Joie Timmerman	<i>Joie Timmerman</i>	Street: 530 West Main City: Hickoryville, WI Zip: 53808	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hickoryville	12/31/2011 (Month) (Day) (Year)	Email Phone (608) 508-5000
5. Derek Kuhlenger	<i>Derek Kuhlenger</i>	Street: 1315 22nd St. City: Hazel Green, WI Zip: 53812	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	12/31/2011 (Month) (Day) (Year)	Email Phone (608) 508-5000
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () () ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () () ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () () ()

I, Joseph Bass (Name of Circulator), certify: I reside at 4280 County Rd D (Circulator's Residence - Street name and Number) Smelser (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012 (Month) (Day) (Year) Joseph Bass (Signature of Circulator)

Page Not Official Use Only
000218

Circulators, please
Phone ()
Email ()

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Geordell Joshua	<i>Geordell Joshua</i>	Street: 6691 N 83rd St City: Milwaukee Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/15/2011 (Month) (Day) (Year)
2. Naomi F. Joshua	<i>Naomi F. Joshua</i>	Street: 6691 N 83rd City: Milwaukee Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/15/2011 (Month) (Day) (Year)
3. Brie George	<i>Brie George</i>	Street: 8821 W Dallas St City: Milwaukee Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/15/2011 (Month) (Day) (Year)
4. Gestan Joshua	<i>Gestan Joshua</i>	Street: 6691 N 83rd St City: Milwaukee Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/15/2011 (Month) (Day) (Year)
5. Shirley Joshua	<i>Shirley A Joshua</i>	Street: 6564 N. 90th St City: Milw, WI Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/2/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

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Certification of Circulator

I, George Antonio Angelo Joshua, (certify): I reside at 6691 North 83rd street Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

George A. Joshua
(Signature of Circulator)

000219

(Official Use Only)

Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Denise Keppers	<i>Denise Keppers</i>	Street: 923 Summer Street City: Hudson Zip: 54016	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hudson	1/10/2012 (Month) (Day) (Year)
2. Jean Haffman	<i>Jean Haffman</i>	Street: 298 165th Ave. City: Somerset Zip: 54025	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somerset	1/10/2012 (Month) (Day) (Year)
3. Jocelyn Tilsen	<i>Jocelyn Tilsen</i>	Street: 247 Cove Road City: Hudson Zip: 54016	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Troy	1/10/2012 (Month) (Day) (Year)
4. Sharon Zenk	<i>Sharon Zenk</i>	Street: 817 12th St City: Hudson Zip: 54016	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hudson	1/10/2012 (Month) (Day) (Year)
5. Dennis McNamee	<i>Dennis McNamee</i>	Street: 500 WISC ST. N City: HUDSON WI Zip: 54016	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NORTH HUDSON	1/10/2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT INFORMATION
Email
Phone () ()
Email
Phone () ()
Email jocitilsen
Phone (715) 3
Email szenk
Phone (715) 3
Email DENNIS M
Phone (612)
Email
Phone () ()
Email
Phone () ()
Email
Phone () ()
Email
Phone () ()

Certification of Circulator

I, SUSAN STORI, (certify): I reside at 816 GLOVER RD. RIVER FALLS, WI. TOWN of TROY
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012
(Month) (Day) (Year)

Susan Stori
(Signature of Circulator)

0002204
#

Circulators, please
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Thomas Shinnors	<i>Thomas Shinnors</i>	Street: 2102 N. 6 th St. City: Sheboygan WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11 / 21 / 2011 (Month) (Day) (Year)
2. RUTH SHINNORS	<i>Ruth Shinnors</i>	Street: 1619 N. 2 nd St. City: Sheboygan WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11 / 21 / 2011 (Month) (Day) (Year)
3. Zak Krueck	<i>Zak Krueck</i>	Street: 1619 N. 2 nd St. City: Sheboygan, WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11 / 21 / 2011 (Month) (Day) (Year)
4. Angela Shinnors	<i>Angela Shinnors</i>	Street: 2102 N. 6 th St. City: Sheboygan WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11 / 28 / 2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)

Certification of Circulator

I, Angela Shinnors

(Name of Circulator)

(certify): I reside at 2102 N. 6th St.

(Circulator's Residence - Street name and Number)

Sheboygan

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 09 / 2012
(Month) (Day) (Year)

Angela Shinnors
(Signature of Circulator)

Page No. (Official Use Only)

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Return
Common
PO Box
Madison

CONTACT

Email

Phone

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Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JEREMY FOSS		Street: 3007 RUDOLPH RD City: EAU CLAIRE Zip: 54701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAU CLAIRE	11/19/2011 (Month) (Day) (Year)
2. HAZEL FOSS		Street: W13497 Fly Creek Rd City: Blair Zip: 54616	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pigeon	11/24/2011 (Month) (Day) (Year)
3. FRANCIS FOSS		Street: W13497 Fly Creek Rd City: Blair Zip: 54616	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pigeon	11/24/2011 (Month) (Day) (Year)
4. JOANNE FOSS		Street: W13501 Fly Creek Rd. City: Blair Zip: 54616	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pigeon	11/24/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Joanne Foss, (certify): I reside at W13501 Fly Creek Rd Blair
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. 1 8 2012 Joanne Foss
(Month) (Day) (Year) (Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Richard L Hall	<i>Richard L Hall</i>	Street: 7676 Thiel Lane City: Winneconne Zip: 54986	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Poygan	12/17/2011 (Month) (Day) (Year)
2. Steve Sugrue	<i>Steve Sugrue</i>	Street: 4092 Meadow View Ln City: Oshkosh Zip: 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Algoma	12/17/2011 (Month) (Day) (Year)
3. Lisa Sugrue	<i>Lisa Sugrue</i>	Street: 4092 Meadow View Ln City: Oshkosh Zip: 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Algoma	12/17/2011 (Month) (Day) (Year)
4. Reed Rodie	<i>Reed Rodie</i>	Street: 63345 Outlook Dr. City: Freedom Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Freedom	1/13/2012 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, *Steve Sugrue* (Name of Circulator)

(certify) I reside at 4092 Meadow View Ln (Circulator's Residence - Street name and Number)

Oshkosh, WI 54904 (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Steve Sugrue
(Signature of Circulator)

Page No. 000223

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Circulators, please

Phone

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Laura Lee	<i>Laura Lee</i>	Street: 678 Davis St. City: Hammond, WI Zip: 54015	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 22 / 2011 (Month) (Day) (Year)	Email: wenzel Phone: (715) 58
2. Laura J. Fern	<i>Laura J. Fern</i>	Street: 1491 Cty Rd E City: New Richmond, WI Zip: 54017	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Warren	11 / 22 / 2011 (Month) (Day) (Year)	Email: laurajon Phone: (715) 5
3. Jason M. Fern	<i>Jason M. Fern</i>	Street: 1491 Cty Rd E City: New Richmond, WI Zip: 54017	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Warren	11 / 22 / 2011 (Month) (Day) (Year)	Email: jsnfer Phone: (715) 5
4. Mindy J. Rudiger	<i>Mindy Rudiger</i>	Street: E3704 530th Ave. City: Menomonie WI Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menomonie	11 / 22 / 2011 (Month) (Day) (Year)	Email: mindy.k Phone: (715) 4
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
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Certification of Circulator

I, Kathleen Grossmer, (certify): I reside at 1899 Cty Rd CC New Richmond 54017
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Kathleen Grossmer
(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. EDWARD ZARZYNSKI	<i>Edward Zarzynski</i>	Street: 2527 W ROGERS ST City: MILWAUKEE Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MIL	12/21/2011 (Month) (Day) (Year)
2. RONALD LUEDTKE	<i>Ronald Luedtke</i>	Street: 17167 MAPLE ACRES LN City: TOWNSEND Zip: 54175	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/26/2011 (Month) (Day) (Year)
3. Meryl L. Barney	<i>Meryl L. Barney</i>	Street: 6361 S. 27th St #14 City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/4/2012 (Month) (Day) (Year)
4. THOMAS E. DISANO	<i>Thomas E. Disano</i>	Street: 2234 N. 11th St. City: WAUWATOSA WI Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/16/2012 (Month) (Day) (Year)
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Certification of Circulator

I, Diane Narlock, (certify): I reside at 1034 S. 89th Street West Allis
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Diane Narlock
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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1. Jennifer A. Nickowski	<i>Jennifer A. Nickowski</i>	Street: 1228 Lokhorst St. City: Baldwin Zip: 54002	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Baldwin	11/16/2011 (Month) (Day) (Year)	Email: Nickowski.m Phone: (715) 3
2. Cheryl Harmon	<i>Cheryl Harmon</i>	Street: 720 Curtis St. City: Baldwin Zip: 54002	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Baldwin	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
3. Keszeta Nickowski	<i>Nickowski</i>	Street: 1228 Lokhorst St. City: Baldwin Zip: 54002	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Baldwin	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
4. Judy Harmon	<i>Judy Harmon</i>	Street: 1201 Tainter St. City: Menomonie Zip: 54751	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menomonie	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
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Certification of Circulator

I, Caran L. Baillargeon, (certify): I reside at 138 72nd St. Somerset Township
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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C. L. Baillargeon
(Signature of Circulator)

Page No. (00022) # 1

Circulators, please
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Melinda Yoder	Melinda Yoder	Street: 5554 N Bethmar Lane City: Glendale, WI Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/30/2011 (Month) (Day) (Year)
2. Aileen Kloss	Aileen Kloss	Street: 1221 6th Ave City: Graton, WI Zip: 53024	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/01/2011 (Month) (Day) (Year)
3. Mary Kettner	Mary Kettner	Street: 9360 N. 70th City: Milwaukee WI Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/12/2011 (Month) (Day) (Year)
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Certification of Circulator

I, Melinda Yoder, (certify): I reside at 5554 N Bethmar Lane Glendale 53209
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Melinda Yoder
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Shaun P. Meyer	<i>Shaun P. Meyer</i>	Street: <i>N6118 N61st Street</i> City: <i>Sheboygan</i> Zip: <i>53083</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sheboygan</i>	<i>11/29/2011</i> (Month) (Day) (Year)
2. Peggy J. Meyer	<i>Peggy J. Meyer</i>	Street: <i>N6118 N61st Str.</i> City: <i>Sheboygan</i> Zip: <i>53083</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sheboygan</i>	<i>11/29/2011</i> (Month) (Day) (Year)
3. Walter P. Meyer	<i>Walter P. Meyer</i>	Street: <i>N6118 N61st St</i> City: <i>Sheboygan</i> Zip: <i>53083</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sheboygan</i>	<i>11/29/2011</i> (Month) (Day) (Year)
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Certification of Circulator

I, Shaun P. Meyer (Name of Circulator), (certify): I reside at City of Sheboygan (Circulator's Residence - Street name and Number) City of Sheboygan (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Shaun P. Meyer (Signature of Circulator)

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Circulators, please provide:
Phone ()
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. LeRoy Lee	<i>[Signature]</i>	Street: N 7401 1195 th St City: River Falls Zip: 54022	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/07/2011 (Month) (Day) (Year)
2. Stephanie Clement	<i>[Signature]</i>	Street: 117 1/2 Broad Street City: Prescott, WI Zip: 54021	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/20/2011 (Month) (Day) (Year)
3. Joseph Kurvin	<i>[Signature]</i>	Street: 5701 Albany City: Superior WI Zip: 54080	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/24/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Judy Clement-See, (certify): I reside at N 7401 - 1195th St Town of Clifton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 08 12012 Judy Clement-See
(Month) (Day) (Year) (Signature of Circulator)

000226
Page No. (Official Use Only)
1

Circulators, please
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Kim Rogers	<i>[Signature]</i>	Street: 1135 350 th Ave City: Frederic, WI Zip: 54837	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	1 / 11 / 2012 (Month) (Day) (Year)	Email Phone
2. Lori S. Laqua	<i>[Signature]</i>	Street: 604 Cedar St E City: Frederic Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	1 / 12 / 2012 (Month) (Day) (Year)	Email Phone
3. Victoria A. Sorenson	<i>[Signature]</i>	Street: 108 1 st Av. S City: Frederic WI Zip: 54837	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	1 / 12 / 2012 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Kim T. Rogers, (certify): I reside at 1135 350th Ave Frederic WI 54837 Polk Co
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000227

Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Commit
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. David J. Granger SR	<i>David J. Granger</i>	Street: 146587 207th Ave City: Mauston, WI Zip: 53948	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Germantown	1/6/2012 (Month) (Day) (Year)	Email: kaptor@... Phone: () ()
2. Judith Thompson	<i>Judith Thompson</i>	Street: N9194 Co. Hwy M City: New Lisbon, WI Zip: 53950	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Orange	01/06/2012 (Month) (Day) (Year)	Email: () () Phone: () ()
3. Tanya Thompson	<i>Tanya Thompson</i>	Street: N9194 Co. Hwy M City: New Lisbon, WI Zip: 53950	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Orange	1/6/2012 (Month) (Day) (Year)	Email: () () Phone: () ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: () () Phone: () ()
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Certification of Circulator

Mary A. Thompson (Name of Circulator), (certify): I reside at 126 Oakdale Road (Circulator's Residence - Street name and Number) Camp Douglas (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012 (Month) (Day) (Year)

Mary A. Thompson (Signature of Circulator)

Page No. (Official Use Only)
000228

Circulators, please
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2020

Committee to Recall Walker
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Julie A. Hancock</u> Sign: <u>Julie A. Hancock</u>	Street: <u>308 W Jackson St.</u> City: <u>Tomah</u> Zip: <u>54660</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomah</u> (Municipality Name)	<u>1/18/20</u> (Month) (Day) (Year)	Email: <u>genuinejule</u> Phone: <u>(608) 547-7</u>
2. Print: <u>Rusty D. Shankle</u> Sign: <u>Rusty D. Shankle</u>	Street: <u>115562 Tunnel Rd.</u> City: <u>Kendall, WI</u> Zip: <u>54638</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Fountain</u> (Municipality Name)	<u>1/21/2011</u> (Month) (Day) (Year)	Email: <u>rustyshankle</u> Phone: <u>(608) 567-</u>
3. Print: <u>Beth M Ruhland</u> Sign: <u>Beth M Ruhland</u>	Street: <u>992 Ash Ct.</u> City: <u>De Pere</u> Zip: <u>54115</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Ashwaubenon</u> (Municipality Name)	<u>1/17/2011</u> (Month) (Day) (Year)	Email: <u>beth@ruhland</u> Phone: <u>(920) 309-24</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>

Certification of Circulator

I, Rusty D. Shankle, (certify): I reside at 115562 Tunnel Rd., Kendall WI Fountain (Kendall)
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators.
Please include your contact info in case

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 6 / 12012
(Month) (Day) (Year)

Rusty D. Shankle
(Signature of Circulator)

Page No. (Official Use Only)

003229

Phone

(608) 567-

Email

rustyshankle

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Theresa Gibson	<i>Theresa Gibson</i>	Street: 526 8 th St. N City: Hudson Zip: 54016	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village North Hudson <input type="checkbox"/> City	12/18/2011 (Month) (Day) (Year)
2. Lauri Lumby	<i>Lauri C. Lumby</i>	Street: 1103 School Ave. City: Oshkosh, WI Zip: 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	12/26/2011 (Month) (Day) (Year)
3. Debbie Lively	<i>Deborah Lively</i>	Street: 527 N. 8 th St. City: Hudson, WI Zip: 54016	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hudson	12/1/2012 (Month) (Day) (Year)
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Certification of Circulator

I, SAMUEL D. GIBSON, (Name of Circulator)

(certify): I reside at 526 8th St N

VILLAGE OF NORTH HUDSON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committed
PO Box 2
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Delaney Nigbor	<i>Delaney Nigbor</i>	Street: 13449 N Hollywood Lane City: Hayward Zip: 54843	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lenroot	1/8/2012 (Month) (Day) (Year)
2. Tom Niemi	<i>Tom Niemi</i>	Street: 13449 N Hollywood Ln City: Hayward Zip: 54843	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lenroot	1/8/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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CONTACT INFORMATION
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Certification of Circulator

I, Sara Ross Pogue, (certify): I reside at 1089 N. Hancock St. Hayward, WI Town of Hayward
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 09 / 2012
(Month) (Day) (Year)

Sara Ross Pogue
(Signature of Circulator)

Page No. (Initial Use Only)
000230

Circulators, please include

Phone (715)
Email



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. DAVID APPLEBYARD	<i>[Signature]</i>	Street: W19011 ASTRUP LANE City: ARCADIA Zip: 54612	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ETRICK	11/16/2011 (Month) (Day) (Year)	Email applebyard Phone (608)
2. Brenda Appleyard	Brenda Appleyard	Street: W19011 Astrup Ln City: Arcadia Zip: 54612	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Etrick	11/16/2011 (Month) (Day) (Year)	Email applebyard Phone (608)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Brenda D. Appleyard, (certify): I reside at W19011 Astrup Ln Arcadia Etrick
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 16 / 2011
(Month) (Day) (Year)

Brenda D. Appleyard
(Signature of Circulator)

Page No. (Official Use Only)

000231

Circulators, p

Phone

Email

ap

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committed
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Gary Lapotka	[Signature]	Street: 59681 Centy St City: Prairie du Sac WI Zip: 53548	<input checked="" type="checkbox"/> Town Prairie du Sac <input type="checkbox"/> Village <input type="checkbox"/> City	12/12/2011 (Month) (Day) (Year)
2. Anthony Panega	[Signature]	Street: 1631 Brookshire Dr AP 2826 Washington Road City: Kenosha WI Zip: 53140	<input checked="" type="checkbox"/> Town Kenosha <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/17/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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CONTACT INFORMATION
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Certification of Circulator

I, Bonnie S Dauck, (certify): I reside at 5774 County Rd KP Mazomanie, WI 53560
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan / 8 / 2012
(Month) (Day) (Year)

Bonnie S Dauck
(Signature of Circulator)

Page No. (Official Use Only)

000232

Circulators, please include

Phone (608)
Email mm

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Comm
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Norma Scott	Norma Scott	Street: 1316 Jeanne Ct. City: New Richmond Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	12/15/2011 (Month) (Day) (Year)	Email Phone () ()
2. CRAIG L. Scott	Craig L. Scott	Street: 1316 Jeanne Ct. City: New Richmond Zip: 54017	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Richmond	12/18/2011 (Month) (Day) (Year)	Email Phone () ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Margaret R Farrington, (certify): I reside at 263 W Lower Pine Lake Ct Star Prairie Alden Township
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 12012
(Month) (Day) (Year)

Margaret R Farrington
(Signature of Circulator)

Page No. (Official Use Only)

00233

Circulators, please

Phone

(7)

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sara Turner	<i>Sara Turner</i>	Street: 460 Meadow Lane City: Somerset Zip: 54025	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Somerset	12/14/2011 (Month) (Day) (Year)
2. Michael Turner	<i>MT</i>	Street: 460 Meadow Lane City: Somerset Zip: 54025	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Somerset	12/14/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kathleen Brakke, (certify): I reside at 532 Valley View Dr Somerset Town of St Joseph
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 / 2012
(Month) (Day) (Year)

Kathleen Brakke
(Signature of Circulator)

Page No. (Official Use Only)

000234

Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jude A. Landes	Jude A. Landes	Street: 440 Timberlane Drive City: Somerset Zip: 54025	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Somerset <input type="checkbox"/> City	11/7/2012 (Month) (Day) (Year)
2. JAMES D. LANDES	James D. Landes	Street: 440 Timberlane Drive City: Somerset Zip: 54025	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Somerset <input type="checkbox"/> City	11/7/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Ray Stanake, (certify): I reside at 263 W. Lower Pine Lake St Alden Township
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 7 12012
(Month) (Day) (Year)

Ray Stanake
(Signature of Circulator)

Page No. (Official Use Only)
000235

Circulators, please

Phone
(7)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. WILLIAM D. ERDMAN	<i>William D. Erdman</i>	Street: 6524N WHISPERING PINES DR City: MERCER Zip: 54547	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MERCER	11/22/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Thomas R. Pavley, (certify): I reside at 1121 Rockwood Dr Minocqua
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

2/9/11 10 12012
(Month) (Day) (Year)

Thomas R. Pavley
(Signature of Circulator)

000235

(Official Use Only)

Circulators,
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1.		Street: <u>C2035 CTY. RD. P</u> City: <u>STRATFORD, WI</u> Zip: <u>54484</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CLEVELAND</u>	<u>01/11/2012</u> (Month) (Day) (Year)	Email Phone <u>(715) 6</u>
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, Joann Vandergeest, (certify): I reside at C2035 CTY. RD. P
(Name of Circulator) (Circulator's Residence - Street name and Number)

TOWN OF CLEVELAND
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

Joann Vandergeest
(Signature of Circulator)

Page No. 000237
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Circulators, please

Phone (715) 6
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Mike Meza	<i>Mike Meza</i>	Street: 265 Walnut St City: Bayley Zip: 53801	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Bayley	01/13/2012 (Month) (Day) (Year)	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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Certification of Circulator

I, Heldi J. Bloyer, (certify): I reside at 122 N. Ohio St Prairie du Chien
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 12012
(Month) (Day) (Year)

Heldi J. Bloyer
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Comm
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Patrick Gretzlock	<i>Patrick Gretzlock</i>	Street: 917 Donald Street City: Boyceville Zip: 54725	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Boyceville <input type="checkbox"/> City	12/14/2011 (Month) (Day) (Year)	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Heidi Herron, (certify): I reside at 168 W. 6th St. New Richmond City of New Richmond
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 12 / 12
(Month) (Day) (Year)

Heidi Herron
(Signature of Circulator)

Page No. (Official Use Only)
800239
#

Circulators, please

Phone
()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Comm
PO Box
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Wade Simmons	<i>Wade Simmons</i>	Street: 450 Brookhaven Dr City: Hammond Zip: 54015	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hammond	1/12/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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CONTACT
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Phone

Certification of Circulator

I, SUSAN STORI, (certify): I reside at

(Name of Circulator)

816 GLOVER RD
RIVER FALLS, WI. (Circulator's Residence - Street name and Number)

TOWN OF TROY (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012
(Month) (Day) (Year)

Susan Stori
(Signature of Circulator)

Page No. (Official Use Only)
000240

Circulators, please

Phone
Email



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1.	KATHLEEN M. LITZA	Street: <u>LAYTON TERRACE</u> <u>9200 W. LAYTON AVE - APT A333</u> City: <u>GREENFIELD WI</u> Zip: <u>53238</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u>	<u>1/11/2012</u> (Month) (Day) (Year)
2.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
3.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
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5.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
6.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
7.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
8.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)

Certification of Circulator

I, SUSAN E. VEIT, (certify): I reside at 5611 So. New Berlin Rd Hales Corners
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Susan E. Veit
(Signature of Circulator)

Page(s) (attach use only)
000241

Circulators, please

Phone _____
Email _____

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Commit
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Chadwick J. Michaud	<i>[Signature]</i>	Street: <u>W136 S6803 Hale Park Drive</u> City: <u>Muskego</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u>	<u>12/05/2011</u> (Month) (Day) (Year)	Email: <u>c.j.michaud</u> Phone: <u>(414) 52</u>
2. Colleen M Michaud	<i>[Signature]</i>	Street: <u>W136 S6803 Hale Park Dr</u> City: <u>Muskego</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u>	<u>12/05/2011</u> (Month) (Day) (Year)	Email: <u>cmichaud</u> Phone: <u>(414) 52</u>
3. PAUL SCHULTZ	<i>[Signature]</i>	Street: <u>26035 So. Windlake Rd.</u> City: <u>Windlake Wis</u> Zip: <u>53185</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windlake</u>	<u>1/10/2012</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
4. Christine Bretzmann	<i>[Signature]</i>	Street: <u>13860 Jennifer Ct</u> City: <u>New Berlin</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u>	<u>1/13/2012</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>

Certification of Circulator

I, JASON BRETZMANN, (certify): I reside at 13860 JENNIFER CT NEW BERLIN
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page 1 of 1 (Official Use Only)
000242

Circulators, please fill in

Phone:
Email:

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

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PO Box
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Linda L Schultz	<i>Linda L Schultz</i>	Street: 26035 So. Windlake Rd City: Windlake Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWAY	1 / 10 / 2012 (Month) (Day) (Year)
2. Alfred J. Schultz	<i>Alfred J. Schultz</i>	Street: 25629 So. Windlake Rd City: Windlake, Wis. Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norway	1 / 10 / 2012 (Month) (Day) (Year)
3. Judith A. Schultz	<i>Judith A. Schultz</i>	Street: 25629 S Windlake Rd City: Windlake, Wis. Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norway	1 / 10 / 2012 (Month) (Day) (Year)
4. Jayne Wirkus	<i>Jayne Wirkus</i>	Street: 24300 W. Loomis Rd City: Wind Lake, WI Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWAY	1 / 11 / 2012 (Month) (Day) (Year)
5. Ch		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT
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Phone ()

Certification of Circulator

I, Paul Schultz (Name of Circulator), (certify): I reside at 26035 So. Windlake Rd (Circulator's Residence - Street name and Number) Windlake (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 12012
(Month) (Day) (Year)

Paul Schultz
(Signature of Circulator)

000243
#

Circulators, please in

Phone
Email



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Commit
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. EUGENIA MAUROGENIS	Eugenia Maurogenis	Street: 608 N. 104th St. City: WAUKATOSA Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa DR	1/3/2012 (Month) (Day) (Year)	Email Phone ()
2. Maureen T. Blaha	Maureen T. Blaha	Street: 2810 N. 72nd St City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee DR <input checked="" type="checkbox"/> City Milwaukee	01/03/2012 (Month) (Day) (Year)	Email Phone ()
3. Carole Fripiat	Carole Fripiat	Street: 12109 W. Bluemound City: Wauwatosa Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa DR	1/3/2012 (Month) (Day) (Year)	Email Phone ()
4. Julia Lerner	Julia Lerner	Street: 7002 W Locust St City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee DR <input checked="" type="checkbox"/> City Milwaukee	1/3/2012 (Month) (Day) (Year)	Email Phone ()
5. Kathie Leahy	Kathie Leahy	Street: 7420 Hilbert City: Wauwatosa Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa DR	1/3/2012 (Month) (Day) (Year)	Email Phone ()
6. Ani Bonk	Ani Bonk	Street: 8206 Milwaukee Ave City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa DR	1/3/2012 (Month) (Day) (Year)	Email Phone ()
7. Karen Hammer	Karen Hammer	Street: 1623 North 60 City: Wauwatosa Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa DR	1/3/2012 (Month) (Day) (Year)	Email Phone ()
8. GEORGE TORPHY	George Torphy	Street: 1181 W 135th GOLF WOOD DR City: MENOMONEEFALL Zip: 53051	<input type="checkbox"/> Town <input type="checkbox"/> Village Menomonee Falls DR <input checked="" type="checkbox"/> City Wauwatosa	1/10/2012 (Month) (Day) (Year)	Email Phone ()
9. ROSELYN M. SHAFER	Roslyn M. Shafer	Street: 331 N. 71st City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa DR	1/10/2012 (Month) (Day) (Year)	Email Phone ()
10. Elizabeth Pessefau	Elizabeth Pessefau	Street: 1867 Ludington Ave City: Wauwatosa Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa DR	1/10/2012 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Doreen F. Richards, (certify): I reside at 2122 N 83rd St Wauwatosa
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Print Use Only)

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Circulators, please in

Phone

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and

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Commit
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ken Millar	<i>Ken Miller</i>	Street: 10514 W. Caldwell Ave City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/23/2011 (Month) (Day) (Year)
2. Matthew Schneider	<i>Matt Schneider</i>	Street: W14918369 Norman Dr City: Menomoneefalls Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Menomonee Falls <input type="checkbox"/> City	11/25/2011 (Month) (Day) (Year)
3. Samantha Hudson	<i>S.H.</i>	Street: 2588 N Murray Ave City: Milwaukee Zip: 53211	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/26/2011 (Month) (Day) (Year)
4. Amy Krimowicz	<i>Amy Krimowicz</i>	Street: N113 W15751 Montgomery Ave City: Germantown Zip: 53022	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Germantown <input type="checkbox"/> City	11/27/2011 (Month) (Day) (Year)
5. MATTHEW KESSEL LYON	<i>Matthew Kessel Lyon</i>	Street: N92 W17643 White Oak City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Menomonee Falls <input type="checkbox"/> City	11/27/2011 (Month) (Day) (Year)
6. Andrew Parrish	<i>Andrew Parrish</i>	Street: N63 W16017 Founders Ln City: Germantown Zip: 53022	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Germantown <input type="checkbox"/> City	11/30/2011 (Month) (Day) (Year)
7. ZACH COOPER	<i>Zach Cooper</i>	Street: 1244 N. 68TH ST. City: WAUWATOSA Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	12/1/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT
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Certification of Circulator

I, Heather Millar (Heather Millar), (certify): I reside at 8333 W. North Ave. Apt 6 Wauwatosa
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Heather Millar
(Signature of Circulator)

Page No. 1 (Initials Only)
000245

Circulators, please inc
Phone (914)
Email hmi

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Cynthia Warneke</u> Sign: <u>Cynthia Warneke</u>	Street: <u>3127 N. 91st St</u> City: <u>Milwaukee</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email <u>Cynthia.Warneke@milwaukee.gov</u> Phone (414) _____
2. Print: <u>Jennifer Falk</u> Sign: <u>Jennifer Falk</u>	Street: <u>12540 West Hickory Rd.</u> City: <u>New Berlin</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email <u>Falk@newberlinwi.com</u> Phone (262) _____
3. Print: <u>Mark Thompson</u> Sign: <u>Mark Thompson</u>	Street: <u>2155 S. Layton Blvd</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email <u>i-m@milwaukee.gov</u> Phone (414) _____
4. Print: <u>Tim C. Stron</u> Sign: <u>Tim C. Stron</u>	Street: <u>1432 MAWBOUR AVE</u> City: <u>South Milwaukee</u> Zip: <u>53172</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SOUTH MILWAUKEE</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email <u>tim@southmilwaukee.gov</u> Phone () _____
5. Print: <u>Kathleen Riedel</u> Sign: <u>Kathleen Riedel</u>	Street: <u>2836 N. 38th St</u> City: <u>Milwaukee</u> Zip: <u>53210</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email <u>kr@milwaukee.gov</u> Phone (414) _____

Certification of Circulator

I, Cynthia Warneke, (certify): I reside at 3127 N. 91st St Milwaukee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

January 1 13 2012
(Month) (Day) (Year)
Cynthia Warneke
(Signature of Circulator)

Page No. (Official Use Only)
000246

Circulators,

Please include your contact information

Phone
(414) _____
Email
Cynthia.Warneke@milwaukee.gov

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Robert Kohnen</u> Sign: <u>Robert Kohnen</u>	Street: <u>4070 W. Packard Ave</u> City: <u>St. Francis</u> Zip: <u>53235</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>St. Francis</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email Phone <u>(773) 9</u>
2. Print: <u>Christopher J. Medel</u> Sign: <u>Ch J. Medel</u>	Street: <u>9822 W Lincoln Ave #1</u> City: <u>West Allis</u> Zip: <u>WI 53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) 5</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, Cynthia Wanneke, (certify): I reside at 3127 N. 91st St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

January 13 2012
(Month) (Day) (Year)

Cynthia Wanneke
(Signature of Circulator)

Page No. (Official Use Only)
000247

Circulators,
Please include your contact in

Phone
(414) 87
Email
Cynthia Wanneke

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daniel J. BOLAN	<i>Daniel J. Bolan</i>	Street: 8604 W. MAPLE ST. City: WEST ALLIS Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1 / 3 / 2012 (Month) (Day) (Year)
2. Alan G. Pearce	<i>Alan G. Pearce</i>	Street: 1109 W. BIRCH AVE City: MILWAUKEE Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1 / 3 / 2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jerald M. Cayo, (certify): I reside at 2415 N. 73RD ST Wauwatosa
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Jerald M. Cayo
(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>ALICE M. KALAIR</u> Sign: <u>Alice M. Kalair</u>	Street: <u>2003 N. 73 ST.</u> City: <u>WAUWATOSA</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUWATOSA</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>ANGELINE LAJA</u> Sign: <u>Angeline Zajewski</u>	Street: <u>2828 N. 124 ST</u> City: <u>WAUWATOSA</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUWATOSA</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>ROSEMARY BAUMANN</u> Sign: <u>Rosemary J. Baumann</u>	Street: <u>10226 W NASH ST</u> City: <u>WAUWATOSA</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUWATOSA</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>NITA A. STIKA</u> Sign: <u>Nita A. Stika</u>	Street: <u>5770 S. CLAIKE ST</u> City: <u>Cudahy</u> Zip: <u>53110</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Cudahy</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / /20</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Gail Schwacher (Printed Name of Circulator) certify: I reside at 8300 W. Center St (Circulator's Residence - Street Name and Number) Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stat.

1 / 13 / 2012
(Month) (Day) (Year)

Gail Schwacher
(Signature of Circulator)

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Circulators.
Please include your contact

Phone
414.33
Email
gschwacher@wi.gov

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. THOMAS MUELLER	<i>T. Mueller</i>	Street: 7833 STICKNEY AVE City: WAUWATOSA Zip: 53213	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/23/2011 (Month) (Day) (Year)
2. Karen Mueller	<i>K. Mueller</i>	Street: 7833 Stickney Ave. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/23/2011 (Month) (Day) (Year)
3. Miriam Mueller	<i>Miriam Mueller</i>	Street: 5020 S. 55TH ST City: Greenfield Wis Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	12/25/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, THOMAS MUELLER, (certify): I reside at 7833 STICKNEY WAUWATOSA
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

T. Mueller
(Signature of Circulator)

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Circulators, please include

Phone

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